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SEP 1 4 2005

FEE TRANSMITTAL For FY 2005    Filing Date	FEE TRANSMITTAL Filing Date 03/26/2004 First Named Inventor Charles E, Baldwin Examiner Name Shun K. Lee Art Unit 2878 Attomey Docket No. 103850.000001  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Application Type Fee(s) Fee(s) Tee(s) Fee(s) Fee(s	FEE TRANSMITTAL For FY 2005  First Named Inventor Charles E. Baldwin  Examiner Name Shun K. Lee  Art Unit 2878  Attorney Docket No. 103850.000001  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-2904 Deposit Account Name: Greenebaum Doll McDor  For the above-identified depost account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charges fee(s) indicated below, except for the fill Charge any additional fee(s) or underpayments of fee(s)  Charge any additional fee(s) or underpayments of fee(s)  Charge seve (s) indicated below Credit any overpayments  ANANING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card formation and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  Small Entity  Application Type Fee (s) Fee	Under the Paperwork Re			ed to re	spond to a collection				
FEE TRANSMITTAL For FY 2005    Filing Date	FEE TRANSMITTAL For FY 2005    Filling Date   03/26/2004     First Named Inventor   Charles E. Baldwin     Examiner Name   Shun K. Lee     Art Unit   2878     Art Unit   2878     Attorney Docket No.   103850.000001     METHOD OF PAYMENT (check all that apply)	FEE TRANSMITTAL For FY 2005  First Named Inventor Charles E, Baldwin  Examiner Name Shun K. Lee  Art Unit 2878  Attomey Docket No. 103850.000001  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-2904 Deposit Account Namer: Greenebaum Doll McDor  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  NARNING: Information on this form may become public. Credit card information about not be included on this form. Provide credit card formation and authorization on PTO-2038.  NARNING: Information on this form may become public. Credit card information about not be included on this form. Provide credit card formation and authorization on PTO-2038.  NARNING: Information on this form may become public. Credit card information about not be included on this form. Provide credit card formation and authorization on PTO-2038.  NARNING: Information on this form may become public. Credit card information about not be included on this form. Provide credit card formation and authorization on PTO-2038.  NARNING: Information on PTO-2038.  Small Entity Small Entity Fee (S) F	Fees pursuant to the Con			1818).					wn
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Examiner Name   Shun K. Lee	Examiner Name Shun K. Lee Art Unit 2878  Attorney Docket No. 103850.000001  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order Other (please identify):  Deposit Account Deposit Account Number: 50-2904 Deposit Account Name: Greenebaum Doll McDon For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Other (please identify):  Charge fee(s) indicated below, oxcept for the filling of the fee(s) or underpayments of fee(s) Other (please identify):  Charge fee(s) indicated below, oxcept for the filling of the fee(s) or underpayments of fee(s) Other (please identify):  Charge fee(s) indicated below, oxcept for the filling or please identify:  Charge fee(s) indicated below, oxcept for the filling or please identify:  Credit any overpayments  Examiner Name Other (please identify):  Charge fee(s) indicated below, oxcept for the filling or please identify:  Credit any overpayments  Examiner Name Other (please identify):  Charge fee(s) indicated below, oxcept for the filling or please identify:  Credit any overpayments  Examiner Name Other (please	Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$)				<b>-</b>					
TOTAL AMOUNT OF PAYMENT  (\$) 495  Art Unit  2878  Attorney Docket No. 103850.000001  METHOD OF PAYMENT (Check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-2904 Deposit Account Name: Greenebaum Doll McDone For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below with the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below with the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below with the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filling with the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filling with the property of the filling with the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filling with the property of the fi	Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 495  Attorney Docket No. 103850.000001  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify);  Deposit Account Deposit Account Number: 50-2904 Deposit Account Name: Greenebaum Doll McDon For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PT0-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Fee (\$) F	Applicant claims small entity status. See 37 CFR 1.77   TOTAL AMOUNT OF PAYMENT (\$) 495   Antomey Docket No.   103850.000001   METHOD OF PAYMENT (check all that apply)   Check	-	OFFY 2	UU5	ŀ					<u>/in</u>
TOTAL AMOUNT OF PAYMENT (\$) 495  Attorney Docket No. 103850.000001  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-2904 Deposit Account Name: Greenebaum Doll McDon For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Other (please identify):  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling of the provided on this form and provided information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$)	Art Unit   2878	TOTAL AMOUNT OF PAYMENT (\$) 495  Attomey Docket No. 103850.000001  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify);  Deposit Account Deposit Account Number: 50-2904 Deposit Account Name: Greenebaum Doll McDor For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the fill Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card formation and authorization on Pro-2028.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Fee (\$) Fee	Applicant claims s	mall entity status	s. See 37 CFR 1.27					Lee	
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Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments	Charge any additional fee(s) or underpayments of fee(s)  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity Application Type Fee (s)	Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee(s) Fe		•			· 🖂	•			
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Reissue       300       150       500       250       600       300	Reissue       300       150       500       250       600       300	Reissue   300   150   500   250   600   300	Design	200	100	100	50	130	6	5	
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Fee Description         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         50         25           Each independent claim over 3 (including Reissues)         200         100           Multiple dependent claims         360         180           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           Multiple Dependent Claim         HP = highest number of total claims paid for, if greater than 20.         Fee (\$)         Fee Paid (\$)           Indep. Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           4         - 3 or HP =         1         x         100         =	Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Total Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)	Fee Description   Fee (\$)   Fee (\$)	Provisional	200	100	0	0	0		0	
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If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Page 1.16(s).	listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Page 1.16(s).	Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): RCE  SEMITTED BY  Granture  Registration No. (Attorney/Agent) 32,887  Telephone 513-455-7625			/ 50 =		(round <b>up</b> to a w	hole num	ber) x		=
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lame (Print/Type) Glenn D. Bellamy

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.